

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

REPUBLICAN STATE LEADERSHIP COMMITTEE(b) Address (number and street) ☐ check if different than previously reported1201 F STREET NW
SUITE 675

(c) City, State and ZIP Code

WASHINGTON

DC

20004

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002067**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2012

through

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012(b) Communication Title Voter**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Fed 527 Pol Org**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Staci A Goede

(b) Address (number and street)

1201 F Street, NW
Suite 675

(c) City, State and ZIP Code

Washington

DC

20004

(d) Name of Employer or Principal Place of Business

Republican State Leadership Committee

(e) Occupation

CFO

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

25000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Staci A GoedeSIGNATURE Staci A Goede

[Electronically Filed]

DATE

10/24/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.